

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011861

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 195 Primary Registration District No. 195 Registrar's No. 13-62

FILED MAR 21 1962

VS 300
Rev. 4/59

1 0600

2 0600

3 1

4 0

5 3

6 1

7 1

8 0

9 4201

10 90-8

11 1-0

12 90-8

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Powell		c. CITY OR TOWN Powell	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home near Powell		d. STREET ADDRESS (If outside, give location) Powell, Missouri	
3. NAME OF DECEASED (Type or print) William David Kenzey Fife		4. DATE OF DEATH Month March Day 5 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5-7-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same	
11. BIRTHPLACE (City and state or country) Fredonia, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Kinzey Fife		13b. MOTHER'S MAIDEN NAME Minerva Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 11	
17. INFORMANT Miss Leona Mae Fife, Billings, Montana		17. ADDRESS None	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Investigated By R.M. Humphrey Jr. DUE TO (c) Coroner		INTERVAL BETWEEN ONSET AND DEATH Sudden	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. TIME OF INJURY Hour <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION Pineville, Missouri	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Mary A. Bradley (Degree or title) Registrar	
22b. ADDRESS Pineville, Missouri		22c. DATE SIGNED 3/13/62	
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 3-13-1962	23c. NAME OF CEMETERY OR CREMATORY Fox Cemetery	23d. LOCATION (City, town, or county) Powell, Missouri
24. FUNERAL DIRECTOR HUMPHREY FUNERAL HOME, Pineville, Mo.		25. DATE RECD. BY LOCAL REG. March 13, 1962	
26. REGISTRAR'S SIGNATURE Mary A. Bradley		26. REGISTRAR'S SIGNATURE Mary A. Bradley	

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit issued 3/13/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wayne A. Woodard
Licensed Embalmer No. 5172

P. O. Address Neel, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.